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APPLICANTS Jeffrey Andrew Borenstein, New York, NY; Heskia Heskiaoff, New York, NY;				
** CONTINUING DATA ***** None DBC				
** FOREIGN APPLICATIONS ***** None DBC				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/20/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>Dale K. Colangelo</i> Initials <i>DBC</i>		INDEPENDENT CLAIMS 1		
ADDRESS Jeffrey Borenstein, M.D. 80 East End Avenue New York, NY 10028				
TITLE Medication-partnership program				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	